



BOBBY JINDAL, Governor

## Office of Juvenile Justice

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

(Date)

TO: Employee's Name

FROM: Unit Head Name (Initials or signature required)

Job Title

RE: Recoupment of Overpayment

It has been determined that you have been overpaid (\$ amount) from (date) to (date) due to (reason). Pursuant to YS Policy No. A.2.36, all employees who are overpaid are required to reimburse Youth Services the full amount of the overpayment. Therefore, we will begin deducting (\$ amount) per paycheck starting the paycheck of (date). This will continue for (number) paychecks and conclude on the paycheck of (date). The amount of the last deduction will be (\$ amount).

Please complete the following:

Recoupment Acceptance:

- ☐ Agree
- ☐ Disagree (please specify reason)

Payment Options:

- ☐ Accept payment plan above
- ☐ Full Payment
- ☐ \_\_\_\_\_ (amount) \_\_\_\_\_ (# of paychecks)

Please return this document to your unit's Human Resources staff within the next 7 days. Upon receipt of your response indicating your preferred recoupment plan, we will proceed with the recoupment process. **Should you choose not to respond to the notification; the recoupment plan described above will begin on the date indicated.**

If you would like to dispute the collection of this overpayment, you are required to notify your facility's Human Resources staff in writing within seven days of this notice. Your dispute must include the reason you think there was no overpayment, therefore should not be recouped.

Once your dispute is processed, the Recoupment of the overpayment will stop until a final decision regarding your claim has been rendered.